Fill		17-700 nformation		DOC 171 the case:	Filed 05/	18/17		ered 05/19/ of 1	17 09:03:38	B Desc Main
Debto		MICha		DINID	Sco	ττ				
Debto	or 2 se, if filing)	First Name		Middle Name	Last Name		_			
1			ourt for the	Western Distr	Last Name	u lvania				
İ	number			5-340		.1		RECE		
									8 A II: 40	
	Official Form 423								RK YTCY COURT	
Cer	tific	ation	About	a Financ	ial Mana	gemer	ıt C	ourse TSB	URGH	12/15
If you	are an iı	ndividual, y	ou must t	ake an approved	course about pe	rsonal finan	cial ma	anagement if:		
-		•	•	chapter 7 or 13, o		es.				
				ke the course. 11			28(g).			
If the p	rovider	does notify	y the court		e this form. If the	provider do	es not			oleted the course. nd Debtor 2 must
		nder chapte Bankruptc		ı need to file this fo	rm, file it within 60	days after th	e first o	date set for the me	eeting of creditors	under
If you	ou filed u	ınder chapt file a motior	er 11 or 13 n for a disch	and you need to fi arge under § 114	le this form, file it 1(d)(5)(B) or § 132	before you m 28(b) of the E	nake th Bankrup	e last payment thotcy Code. Fed. F	at your plan requi R. Bankr. P. 1007(res or c).
					to take the finan	cial manage	ment c	course. To have	the requirement	waived, you must file a
				court order.						
Part	11:	ell the Co	ourt Abou	t the Required	Course					
You n	nust che	ck one:								
<u>o</u>	1 comp	leted an a	pproved co	ourse in personal	financial manag	ement:				
	Date I took the course O 5 0 9 2017 MM / DD / YYYY									
	Name	of approved	l provider	Sage	Persona	y Fu	nav	ice		
	Certific	ate number		0578	Persona I-PAU	J-DE		029 02	0447	
				ental illness or a m		hat makes m	ie incaj	pable of realizing	or making rationa	l decisions
☐ Disability. My physical disability causes me to be unable to complete a course in personably phone, or through the internet, even after I reasonably tried to do so.								e in personal fina do so.	ncial managemen	t in person,
Active duty. I am currently on active military duty in a military combat zone.										
	☐ Re	esidence.	I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approved instructional courses cannot adequately meet my needs.							
Part :	2 : S	ign Here								
	I certify	hat the info	rmation I h	ave provided is tru	e and correct.					-
6	2)	71/10	Luel	<i>D</i> .	SIOTT	Date 05	15-2017
	Signature	of debtor na	med on certi	icate	Printed i	name of debtor	·		MM / DD /	YYYY